

HARNESS, DICKEY & PIERCE, P.L.C.

Attorneys and Counselors
 5445 Corporate Drive, Suite 400
 Troy, Michigan 48098-2683
 Phone: 248-641-1600
 Fax: 248-641-0270
 Ann Arbor, MI • Washington, D.C.

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FROM: Robert M. Siminski

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COMMENTS:
<p>Re: Serial No. 09/498,821 Our Reference: 0275M-000273</p> <p>Please enter the attached Supplemental Response and Affidavit under Rule 1.132 into the above identified patent application.</p> <p>Please confirm receipt of the Response and Affidavit either via fax or phone.</p> <p>If you have any questions, please do not hesitate to contact us.</p>

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HDP/SB/21 based on PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/498,821
Filing Date	February 4, 2000
First Named Inventor	Lutkus et al.
Group Art Unit	3627
Examiner Name	Flemming Saether

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Attorney Docket Number

0275M-000273

		ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	
		Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Robert M. Siminski	Reg. No. 36,007
Signature	<i>Robert M. Siminski</i>		
Date	May 6, 2002		

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

Typed or printed name	Robert M. Siminski
Signature	<i>Robert M. Siminski</i>
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